

1002

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10749117

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12				/		
13				/		
14				/		
15				/		
16				/		
17				/		
18				/		
19				/		
20				/		
21				/		
22				/		
23				/		
24				/		
25				/		
26				/		
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28				/		
29				/		
30				/		
31				/		
32				/		
33				/		
34				/		
35				/		
36				/		
37				/		
38				/		
39				/		
40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
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72		/				
73		/				
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76		/				
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78		/				
79		/				
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81		/				
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85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

48  
49

5  
34  
39

10/749117  
7/17/07

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1	1	1				
10 2		1				
10 3		1				
10 4		1				
10 5		1				
10 6		1				
10 7		1				
10 8		1				
10 9	1	1				
11 10	1					
11 11		1				
11 12		1				
11 13		1				
11 14		1				
11 15		1				
11 16		1				
11 17		1				
11 18		1				
11 19		1				
11 20		1				
11 21		1				
11 22		1				
11 23		1				
11 24		1				
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11 26		1				
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11 30		1				
11 31		1				
11 32		1				
11 33		1				
11 34		1				
11 35		1				
11 36		1				
11 37		1				
11 38		1				
11 39		1				
11 40		1				
11 41		1				
11 42		1				
11 43		1				
11 44		1				
11 45		1				
11 46		1				
11 47		1				
11 48		1				
11 49		1				
11 50		1				
TOTAL IND.	1					
TOTAL DEP.	14					
TOTAL CLAIMS	15					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												